2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N05000009879

Entity Name: HEAL OUR LAND MINISTRIES, INC.

Current Principal Place of Business:

4345 NW 3RD TERRACE
POMPANO BEACH, FL 33064

New Principal Place of Business:

Current Mailing Address:

4345 NW 3RD TERRACE
POMPANO BEACH, FL 33064

New Mailing Address:

FEI Number: 20-3532570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DE SOUZA, WILLEN S
5065 WILES RD #203
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: DE SOUZA, WILLEN S
Address: 5065 WILES ROAD #203
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV ( ) Delete
Name: SOARES, SIMONE G
Address: 5065 WILES ROAD #203
City-St-Zip: COCONUT CREEK, FL 33073

Title: DT ( ) Delete
Name: DOS SANTOS, IRAN F
Address: 4345 NW 3RD TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: DS ( ) Delete
Name: TWANI, ERIKA
Address: 830 ARGONAUT ISLE
City-St-Zip: DANIA BEACH, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLEN S DE SOUZA DP 05/02/2007

Electronic Signature of Signing Officer or Director — Date